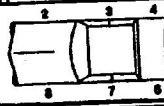
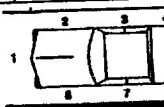


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 16-8001	<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police	0830300	ODHS USE ONLY - DO NOT MARK ABOVE			
REPORT TAKEN <input checked="" type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input checked="" type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED		
IN COUNTY OF WARREN		LEBANON		DATE OF CRASH 4/30/2016	DAY SAT	TIME MILITARY 2241	
CRASH OCCURRED ON 726 E Main St		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)				CITY CODE 8321	
IF NOT IN INTERSECTION MILES FEET W S E OF							
LOG-1	LOG-2	LOC	JUR	FM	9	FIL	
A	UNIT NO 1	NO OF OCCUPANTS 2	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN NON-CONTACT <input checked="" type="checkbox"/>	INSURANCE CO OR AGENT
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Bradley, Christopher James Edward				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 705 Robinville Dr. Weyersville, OH 45068			
PHONE NO 513-765-8641		BIRTH DATE 10/30/1998	AGE 17	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO UJ5001730
OWNER (IF SAME AS DRIVER, WRITE SAME) Jerry E Bradley Trust				ADDRESS 5385 Lytle Rd. Weyersville, OH 45068			
VEH YR 2002	MAKE GMC	MODEL Siera	COLOR White	STYLE Truck	STATE OH	LICENSE PLATE NO DH97CB	TOWING SERVICE VEH. PED DIR FROM E TO W
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		INSURANCE CO. Allstate 942-425-160					
B	UNIT NO 2	NO OF OCCUPANTS 0	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input checked="" type="checkbox"/>	HIT & RUN NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Bailey, Samuel				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2818 Red Tail Ln. Mason, OH 45040			
PHONE NO.		BIRTH DATE m D Y	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO
OWNER (IF SAME AS DRIVER, WRITE SAME) Bailey, Samuel				ADDRESS 2818 Red Tail Ln. Mason, OH 45040			
VEH YR 2012	MAKE Honda	MODEL Odyssey	COLOR Blk	STYLE Van	STATE OH	LICENSE PLATE NO GMG6-23	TOWING SERVICE VEH. PED DIR FROM TO
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input checked="" type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED
FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE		INSURANCE CO. Allstate 942-425-160					
C	FROM UNIT NO	NAME (LAST, FIRST, MI) Fillpot, Samuel		BIRTH DATE m D Y	AGE	SEX M	POSITION A B C D E F
D	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE m D Y	AGE	SEX	INJURIES A B C D E F
E	FROM UNIT NO	NAME (LAST, FIRST, MI)		BIRTH DATE m D Y	AGE	SEX	CONDITION A B C D E F
F	FROM UNIT NO	NAME (LAST, FIRST, MI) Pickett, Audrey		BIRTH DATE m D Y	AGE	SEX	RESTRAINTS A B C D E F
Witness		3803 Long Lane, Middletown, OH 45044		By		ALCOHOL A B C D E F	
A	B	C	INJURED TAKEN TO		By		DRUGS A B C D E F
D	E	F	INJURED TAKEN TO		By		EJECTION A B C D E F
OFFENSE CHARGED AND DESCRIPTION							
A	ORC CITY ORD						
OFFENSE CHARGED AND DESCRIPTION							
O	ORC CITY ORD						
RECEIVED CALL 2241	DISPATCHED 2248	ARRIVED 2258	CLEARED 2315	OTHER TIME 65	TOTAL MINUTES 99		
DATE REPORT FILED M 4 10 30 16	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME Haussemeann	BADGE NO #117	CHECKED BY	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		

LOCAL FILE NO

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION